

**CRITERIA FOR PRIOR AUTHORIZATION**

Onivyde® (irinotecan liposome)

**PROVIDER GROUP** Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Irinotecan liposome (Onivyde)

**CRITERIA FOR PRIOR AUTHORIZATION FOR IRINOTECAN LIPOSOME:** (must meet all of the following)

- Patient must have a diagnosis of metastatic adenocarcinoma of the pancreas
- Must be used in combination with fluorouracil (5-FU) and leucovorin (LV)
- Patient must have progressed following gemcitabine-based therapy
- Patient must be 18 years of age or older
- Must be prescribed by, or in consultation with, an oncologist or hematologist
- Patient must not be pregnant
- Patient must have a baseline bilirubin less than 2 mg/dL
- Patient must not be on concurrent strong CYP3A inhibitors or inducers

**LENGTH OF APPROVAL:** 12 months